

COVID-19 Facility Cleaning and Disinfection Guidance

Steps	Employee working in office is suspected or confirmed for COVID-19.
<p style="text-align: center;">In most cases, you do not need to shut down your facility. Priority: Close off any areas used for prolonged periods of time by the sick person. The form is to be completed and submitted to Eric Horent within 24 hours of a suspected or confirmed COVID-19 case.</p>	
1.	Immediately identify any areas used for prolonged periods of time by the person. For this purpose prolonged period is considered 15 minutes or longer.
2.	The Manager/Director will determine what areas are impacted and shall be closed off and designated as needing professional cleaning and disinfecting.
3.	<p>The Manager/Director is to immediately close off the impacted areas then spray them with disinfectant, and</p> <p>A) Obtain two or three price quotes from professional cleaning and disinfecting companies for comparison purposes. If the quote exceeds \$4,999.99 contact Marsha Woodcock, Administrative Program Director for guidance in working with the Office of State Procurement (OSP), or</p> <p>B) For DCFS offices located in State Owned Buildings; vendor quotes are not needed since DOA/OSB will provide contracted sanitizing services. Instead, complete and submit the attached request form as usual then attach a copy of the approved form to an email addressed to Shelly.Johnson.DCFS@La.Gov with the subject line “Requesting OSB Assistance With SOB Sanitizing.”</p> <p>In either case, the contracted services are to include cleaning surfaces with soap and water and disinfecting all areas used by ill persons such as offices, bathrooms, common areas, shared electronic equipment, focusing especially on frequently touched surfaces.</p>
5.	Manager/Director completes the “COVID-19 Facility Cleaning and Disinfection Request Form” documenting the request. Identify all areas of the office/section to be included for the contracted services. Specify the company recommended for the services. Include a copy of all quotes obtained when submitting the “COVID-19 Facility Cleaning and Disinfection Request Form” for approval.
6.	Manager submits “COVID-19 Facility Cleaning and Disinfection Request Form” to Area Director/Appointing Authority for approval consideration.
7.	Area Director/Appointing Authority reviews request and documents concurrence with request. If the request is modified or denied, document the reason. (Reasons may include but are not be limited to: last time employee was in office was longer than seven days, employee’s physician establishes symptoms are not COVID-19 related, the area recommended for cleaning should be reduced to only the impacted area, etc.)
8.	The completed “COVID-19 Facility Cleaning and Disinfection Request Form” is submitted for review and final approval or denial concurrence by email to Eric Horent, Undersecretary eric.horent@la.gov and cc Bridget Depland bridget.depland.dcfs@la.gov within 24 hours of occurrence. Manager is to await return of approved form prior to initiating cleaning and disinfecting service.
<p>According to CDC guidance, if it has been more than 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary.</p>	

Definitions According to CDC:

- *Cleaning* refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.
- *Disinfecting* works by using chemicals, for example EPA-registered disinfectants, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

COVID-19 Facility Cleaning and Disinfection Request Form

Manager/Director: _____

Office/Section: _____

Contact Number: _____

Date of Request: _____

Description of Impacted Areas Recommended for Cleaning and Disinfection Services

Specify cubicle, room and office numbers in addition to describing impacted common areas:

Include copies of quotes with request.

Manager/Director's Signature

Date

Approval or Disapproval Documentation

Approved _____ Approve with Modifications _____ Denied _____

Explanation:

Area Director/Appointing Authority's Signature

Date

Undersecretary Documentation

Approved _____ Approve with Modifications _____ Denied _____

Explanation:

Undersecretary or Designee's Signature

Date